



Health Savings Account
With HSA Debit Card

Return of Mistaken Distribution from Health Savings Account

Health Savings Account #: 397 _____

Account Holder Name: _____, _____, _____
(Last) (First) (MI)

Mailing Address:

Street: _____
Apt. #: _____
City: _____ State: _____
Zip Code: _____ - _____

Daytime Telephone #: _____ SS#: _____ - _____ - _____

Details of Mistaken Distribution:

Date of Mistaken Distribution: _____
Amount of Mistaken Distribution: \$ _____
Date of Check to Return Funds: _____
Amount of Check to Return Funds (must match): \$ _____
Check Number: _____

Forward your completed form along with a check made payable to "JPMorgan Chase Bank, N.A. in the account of <Your Name>" to:

JPMorgan Chase Bank, N.A.
HSA Operations
P.O. Box 30207
Tampa, FL 33630-3207

Please write your HSA account number in the memo portion of your check, along with the words "Return of Mistaken Distribution."

Should you have any questions about returning the funds for your mistaken distribution, please call HSA Member Services at 866-524-2483.

Account Holder's Certification:

The transaction described above was an unintentional distribution from my Health Savings Account. I am enclosing a check in the same amount, to remedy this mistake. Please do not count this deposit toward my annual HSA contribution limit.

Account Holder's Signature _____ Date: _____

Please be advised, we may verify the account holder's signature.